**Faculty of Public Health**

**Frequently asked questions on Advisory Appointments Committees (AACs)**

**Can short AAC lead times be influenced by FPH?**

Our current Employers Guidance (a link to which is included each time an FPH Assessor List is sent) advises employers to allow at least 9 weeks for the process. This includes a minimum of 3 weeks for the Regional Faculty Adviser to approve the literature, and a further minimum of 6 weeks to identify assessors. Unfortunately with Councils/PHE/Universities HR Departments having an often high staff turnover the knowledge that this exists is very seldom passed on. However, this advice is also included in our standard email that accompanies each assessor list. It is usually best to avoid half-term, summer, Easter and winter school holidays.

**What is FPH policy on Assessors sitting on AACs in their own region?**

The Department of Health Good Practice Guidance states that assessors should normally be from a different NHS region, or at least geographically distant from the recruiting Council, University or Public Health England centre. This is usually to avoid any potential conflict of interest and the FPH assessor knowing the candidate being interviewed.

**Why are DPHs not always used for DPH panels?**

The usual practice from FPH is to send a full list of DPHs for panels from a neighbouring region to the Employer. However, in some cases after a number of lists have been used the Employer has not always managed to secure a DPH FPH assessor it is sometimes necessary to issue a CPH list to ensure that the employer stands a good chance of securing an assessor.

**I have been asked to sit on an AAC panel; however, it is proving difficult to negotiate this role as part of programmed activities in the local authorities? Is it possible to take this as annual leave for AACs and be reimbursed by the recruiting employer who has arranged the AAC? Is this acceptable or is there another alternative – i.e. Standard charge for AAC daily rate to introduce consistency across the country?**

FPH strongly recommend that where possible this time is accounted for in programmed activities.

BMA guidance is as set out below:

Consultants (hospital and public health) attending from outside the region (college or faculty nominees)

Per day - £130.49

Per half day: £65.25

**Note – whoever is responsible for setting up an AAC at a trust or a health authority should arrange indemnity for members of the panel.**

**Expenses and accommodation if overnight should be paid but most assessors will do this in work time (and we hope/expect will continue to do so).**

**Which FPH assessor sits on which panel?**

As much as we can we try and match up the post with the panel required – for instance –

* Director of Public Health - DPH FPH Assessor (usually based at a Council from a different region where the post is based)
* Consultant in Public Health/Medicine – Consultant FPH Assessor (usually based at a Council or in PHE from a different region where the post is based)
* Consultant in Health Protection – Consultant Health Protection FPH Assessor (PHE from a different region to where the post is based)
* Consultant in Communicable Disease – Consultant in Communicable Disease FPH Assessor (PHE from a different region to where the post is based)

**Please can you advise whether it is necessary for a representative from Public Health England to be involved in the DPH recruitment process (to shortlist the applications and sit on the AAC panel)?**

As set out in statutory guidance (below link) it is necessary for a representative from Public Health England to be involved in the DPH recruitment process.

[**http://www.fph.org.uk/uploads/DsPH\_in\_LG\_guidance\_on\_appointments.pdf**](http://www.fph.org.uk/uploads/DsPH_in_LG_guidance_on_appointments.pdf)

There are a number of specific features of the appointment process for DsPH, which include:

* PHE, on behalf of the Secretary of State, being involved in all stages of the recruitment and appointment process
* designing the job role to provide specialist public health leadership and an appropriate span of responsibility to deliver health protection, health improvement and advice on health services and ensure that the impact on health is considered in the development and implementation of all policies and, the production of a job description that reflects this role. The professional elements of the job description will need to be complemented by others that reflect the generic responsibilities of senior managers of the authority, and that there may be other specific responsibilities, drawn from existing local government functions. (The Faculty of Public Health can provide essential advice on the draft job description, draft advert and person specification and it is recommended that local authorities contact them at an early stage to benefit from this and its template job description)
* sharing the local job description with the Public Health England (PHE) regional director, who will act on behalf of the Secretary of State, to provide assurance that it covers all necessary areas of professional and technical competence in compliance with the Act. (Guidance for local government when considering appointing a DPH to lead across more than one local authority area is provided in Appendix B)
* managing the recruitment and selection process, including organising an advisory appointments committee in line with the joint guidance from the Faculty of Public Health, Local Government Association and PHE, which provides a robust, tried and tested method for providing assurance of technical and professional skills of DsPH

(<http://www.fph.org.uk/senior_public_health_appointments>).

**Panel Composition for Director of Public Health**

 It is customary for an advisory appointments committee for a chair to be a lay member such as a local authority elected member, for example a cabinet member of the health and wellbeing board. The advisory appointments committee should also include:

1. The Chief Executive of the Local Authority or his/her nominated deputy
2. The Public Health England regional director, or another senior professionally qualified member of Public Health England acting on his or her behalf
3. An external professional assessor appointed after consultation with the Faculty of Public Health
4. Senior NHS representation

In addition to the five core members the employing organisation may appoint such additional members as it considers appropriate but the majority of the committee consists of employees of the employing organisation and professional members.

Can requests for assessors come directly from the FPH rather than from the employer?

Unfortunately, FPH does not currently have the resources for this. At the moment, one full time member of staff handles the administration of between 150-250 AACs annually, in between other duties in the Professional Standards department. Sourcing assessors, arranging their travel, accommodation and expenses on behalf of the recruiting employer would require at least another one fulltime member of staff.

Only in exceptional circumstances, will FPH send a direct request out to assessors.

Can new assessors’ job share on an AAC with an established one?

Employers are unlikely to accommodate expenses for a second assessor to sit on an AAC, and the medical/local majority of an AAC panel may be unbalanced by adding another panel member. However, opportunities could be explored to observe at AACs at your own organisation, subject to agreement by the CEO, DPH and candidates.

What types of question should the FPH Assessor ask at AAC?

**The FPH Assessor will always check the following with the candidate:**

• Training and qualifications in public health and any additional domain specific training (e.g. 6 month health protection training for CCDC posts);

• GMC Specialist Register or UKPHR status;

• CPD arrangements and record.

The FPH Assessor will usually also ask other questions to help the AAC determine the professional suitability of the candidate for the specific post.

These questions will usually be agreed and split between panel members before the interview and will vary according to the type of post. The exact questions asked by the FPH Assessor personally will depend upon the experience and knowledge that other panel members have. In general the FPH Assessor will ask questions relating to the essential technical aspects of the knowledge and experience sections of the Person Specification.

For a DPH post, the areas that could be covered by the FPH Assessor include:

• Commitment to adding public health values to corporate agendas

• Strong commitment to public health principles

• High level of understanding of epidemiology and statistics, public health practice, health promotion, health economics and health care evaluation

• Full understanding of and commitment to addressing relationships and cultures of organisations that impact on the wider determinants of health

• Full understanding of and commitment to delivery of improved health through mainstream NHS activities

• Understanding of NHS and local government cultures, structures and policies

• Knowledge of methods of developing clinical quality assurance, quality improvement and evidence based clinical and/or public health practice

• Understanding of social and political environment

• Understanding of interfaces between health and social care

For a Consultant in PH post, the areas that could be covered by the FPH Assessor include:

• Strong commitment to public health principles

• High level of understanding of epidemiology and statistics, public health practice, health promotion, health economics and health care evaluation.

• Understanding of NHS

• Knowledge of methods of developing clinical quality assurance, quality improvement and evidence based clinical and/or public health practice

• Understanding of social and political environment

• Understanding of local authorities and social services

• Ability to design, develop, interpret and implement policies

For a CCDC post, the areas that could be covered by the FPH Assessor, particularly if the only HP Specialist on the panel, include:

• Experience of communicable disease control in a wide variety of settings including out of hours on call

• Experience and demonstrable competency in dealing with environmental hazards/chemical incidents

• Experience of emergency planning

• Ability to undertake prophylaxis, diagnosis and treatment of infectious diseases of public health importance

• Understanding of epidemiology and statistics, public health practice, health promotion, health economics and health care evaluation.

• Understanding of key agencies involved in health protection

• Knowledge of methods of developing clinical quality assurance, quality improvement and evidence based clinical and/or public health practice

• Familiarity with the symptoms, signs, investigations and treatments used in the diagnosis and management of health protection problems.

**Is there guidance needed on giving feedback to candidates?**

In advance of an AAC, the Chair should agree with all panel members what advice should be offered to unsuccessful applicants and which panel member should provide it. It is an important part of the FPH Assessor’s role to provide advice to unsuccessful applicants after an AAC if asked to do so. The FPH recommends that if any feedback is provided orally. Assessors should follow this up in writing to the candidate, with a copy to the AAC Chair.

**What is ‘above and below the line’?**

A candidate can be considered above the line if they fulfil all the essential criteria of the person specification as supplied by the employer.

**What is the Assessor’s responsibility on a panel?**

It is the Assessor’s responsibility to ensure that an applicant’s qualifications, training and experience are appropriate for the post, taking into account that posts may vary in content. Assessors should pay particular attention to applicants not yet on the GMC Specialist Register/GDC Specialist List in dental public health/UKPHR especially if they are not in a recognised public health training scheme. Your assessment of the professional suitability of applicants will assist other members of the AAC to reach a decision. No member of an AAC has the right to veto an appointment. However, If you are not satisfied that the preferred applicant is properly trained for the post, you should state your concerns to AAC chair at the earliest opportunity and then confirm your views to the chair of the employing organization immediately in writing so that appropriate action can be taken before the appointment has been confirmed.

**Can FPH organise Diversity and Equal Opportunities Training for Assessors?**

This training should normally form part of your continuing professional development programme and you should liaise with your employer to set up appropriate opportunities. Your training must cover all aspects of appointments and concentrate on those areas where difficulties can arise, including equal opportunities and matters which should not be discussed at interview. You should also familiarise yourself with the employer’s equal opportunities policy prior to the interview.

**Can FPH set up a quota system for assessors to keep track of AAC attended?**

The database currently used by FPH staff has the ability to search for the number of AACs each Assessor has attended and this information is available on request. However, as with all databases, it is only as accurate as the data fed in, and so therefore it is imperative that our Assessors inform the FPH Office every time they accept an invitation to sit on an AAC.

**When should I contact the FPH Office?**

• Once you have accepted an invitation to sit on an AAC

• If you have any questions regarding the procedure before/on/after the AAC

• To submit an Assessors Report (preferably within 1 week of the AAC)

**Contact details aac@fph.org.uk**